

gp 3738

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PTO/SB/82 (10-00)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.**REVOCATION OF POWER OF
ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	10/004,969
Filing Date	December 3, 2001
First Named Inventor	Stephen Bresina
Group Art Unit	3739
Examiner Name	Not Yet Assigned
Attorney Docket Number	SPINE 3.0-2678

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☒ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

☐ Please change the correspondence address for the above-identified application to:☐ Customer Number →
OR Customer Number ☐ Firm or
Individual Name

Address

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State

Zip

Country

Telephone

Fax

I am the:

☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name

Signature

Date

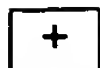
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of 1 forms are submitted.

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PTO/SB/81 (02-01)

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**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	10/004,969
Filing Date	December 3, 2001
First Named Inventor	Stephen Bresina
Title	APPARATUS FOR FUSING ADJACENT BONE STRUCTURES
Group Art Unit	3739
Examiner Name	Not Yet Assigned
Attorney Docket No.	SPINE 3.0-2678

I hereby appoint:



Practitioners at Customer Number

000530

Customer Number

OR



Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:



The above-mentioned Customer Number.

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Customer Number

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Customer Number Bar Code

☐ Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Fax

I am the:



Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Signature

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below*.



*Total of 1 forms are submitted.

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STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner: Stephen Bresina

Application No./Patent No.: 10/004,969

Filed/Issue Date: December 3, 2001

Entitled: APPARATUS FOR FUSING ADJACENT BONE STRUCTURES

Howmedica Osteonics Corp.

(Name of Assignee)

, a

Corporation

Type of Assignee, e.g., corporation, partnership, university, government agency, etc.

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.
The extent (by, percentage) of its ownership interest is _____ %

in the patent application/patent identified above by virtue of either:

A. [] An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

OR

B. [x] A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: Stephen Bresina To: Surgical Dynamics Inc.

The document was recorded in the United States Patent and Trademark Office at Reel 012360, Frame 0656, or for which a copy thereof is attached.

2. From: Surgical Dynamics Inc. To: Howmedica Osteonics Corp.

The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

3. From: _____ To: _____

The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

[] Additional documents in the chain of title are listed on a supplemental sheet.

[x] Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

9-22-02

Date

Ned Lipes

Typed or printed name

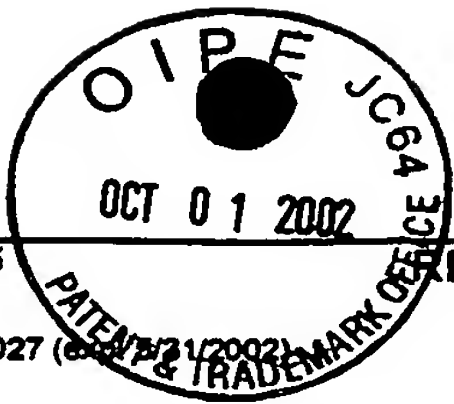
[Signature]

Signature

Group President

Title

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Form PTO-1595
(Rev. 03/01)
OMB No. 0651-0027 (Rev. 7/21/2002)

RECORDATION FORM COVER SHEET
PATENTS ONLY

U.S. DEPARTMENT OF COMMERCE
U.S. Patent and Trademark Office

To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof

1. Name of conveying party(ies): Surgical Dynamics Inc. Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		2. Name and address of receiving party(ies) Name: <u>Howmedica Osteonics Corp.</u> Internal Address: _____ Street Address: _____ 59 Route 17 City: <u>Allendale</u> State: <u>NJ</u> Zip: <u>07401</u> Additional name(s) & address(es) attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
3. Nature of Conveyance: <input type="checkbox"/> Assignment <input checked="" type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other _____ Execution Date: <u>July 1, 2002</u>						
4. Application number(s) or patent number(s): If this document is being filed together with a new application, the execution date of the new application is: _____ A. Patent Application No.(s): <u>08/064,547 08/856,916 08/988,331</u> B. Patent No.(s): _____ Additional numbers attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
5. Name and address of party to whom correspondence concerning document should be mailed: Name: <u>LERNER, DAVID, LITTENBERG, KRUMHOLZ & MENTLIK, LLP</u> Internal Address: _____ Street Address: <u>600 South Avenue West</u> City: <u>Westfield</u> State: <u>NJ</u> Zip: <u>07090</u>		6. Total number of applications and patents involved: <u>30</u> 7. Total fee (37 CFR 3.41) \$ <u>1200.00</u> <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account <input type="checkbox"/> Authorized to be charged to credit card (Form 2038 enclosed) 8. Deposit account number: <u>12-1095</u> (Attach duplicate copy of this page if paying by deposit account)				
DO NOT USE THIS SPACE						
9. Statement and signature. <i>To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.</i> <table><tr><td><u>Keith E. Gilman</u> Name of Person Signing</td><td><u><i>Keith E. Gilman</i></u> Signature</td><td><u>8/22/02</u> Date</td></tr></table> Total number of pages including cover sheet, attachments, and documents: <u>8</u>				<u>Keith E. Gilman</u> Name of Person Signing	<u><i>Keith E. Gilman</i></u> Signature	<u>8/22/02</u> Date
<u>Keith E. Gilman</u> Name of Person Signing	<u><i>Keith E. Gilman</i></u> Signature	<u>8/22/02</u> Date				

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RECORDATION FORM COVER SHEET
(continued)

Additional Applications and/or Patents (4. Continued):

Additional Patent Application Numbers

4A. Continued:

09/358,188
09/436,955
09/487,942
09/543,288
09/545,320
09/718,968
09/778,179
09/788,693
09/789,902
09/790,043
09/815,068
09/815,500
09/815,504
09/817,930
09/921,876
09/968,694
10/001,695
10/004,969
10/012,127
10/041,541
10/091,708
10/118,205
10/157,649
10/159,235
60/351,248
60/351,465
60/385,994

Additional numbers attached? No

384806_I.DOC

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF OWNERSHIP, WHICH MERGES:

"SURGICAL DYNAMICS INC.", A DELAWARE CORPORATION,

WITH AND INTO "HOWMEDICA OSTEONICS CORP." UNDER THE NAME OF "HOWMEDICA OSTEONICS CORP.", A CORPORATION ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE OF NEW JERSEY, AS RECEIVED AND FILED IN THIS OFFICE THE FIRST DAY OF JULY, A.D. 2002, AT 9 O'CLOCK A.M.



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

2065103 8100M

AUTHENTICATION: 1865492

020429727

DATE: 07-02-02

**CERTIFICATE OF OWNERSHIP AND MERGER
MERGING
SURGICAL DYNAMICS INC.
INTO
HOWMEDICA OSTEONICS CORP.**

**UNDER SECTION 253 OF THE GENERAL
CORPORATION LAW OF THE STATE OF DELAWARE**

Pursuant to the provisions of Section 253 of the Delaware General Corporation Law (the "DGCL"), Howmedica Osteonics Corp., a corporation organized and existing under the laws of the State of New Jersey (the "Corporation"), hereby executes the following Certificate of Ownership and Merger and certifies as follows:

1. The Corporation owns all of the outstanding shares of each class of stock of Surgical Dynamics Inc., a corporation organized and existing under the laws of the State of Delaware ("SDI").
1. The Corporation, by the following resolutions of its Board of Directors, duly adopted by unanimous written consent dated July 1, 2002, determined to merge SDI into itself (the "Merger"):

RESOLVED, that it is hereby determined to be advisable and for the benefit of this Corporation that this Corporation merge into itself, and assume all of the liabilities and obligations of, its wholly owned subsidiary, Surgical Dynamics Inc., a Delaware corporation ("SDI"), pursuant to the Agreement and Plan of Merger, dated as of July 1, 2002, between this Corporation and SDI in the form submitted to the undersigned.


RESOLVED, that this Corporation shall cause to be executed, filed and recorded the documents prescribed by the laws of the State of New Jersey and the State of Delaware and will cause to be performed all other necessary and appropriate acts to carry out the purposes of the foregoing resolution.

3. The Corporation hereby agrees that it may be served with process in Delaware in any proceeding for enforcement of any obligation of SDI, as well as for enforcement of any obligation of the Corporation arising from the Merger, and the Corporation hereby irrevocably appoints the Secretary of State of Delaware as its agent to accept service of process in any such suit or other proceedings and a copy of such process shall be mailed by the Secretary of State to Howmedica Osteonics Corp. at the following address: 59 Route 17, Allendale, New Jersey 07401-1677.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Merger as the act and deed of the Corporation this 1st day of July, 2002, and affirms the statements contained herein are true under the penalties of perjury.

HOWMEDICA OSTEONICS CORP.

By:

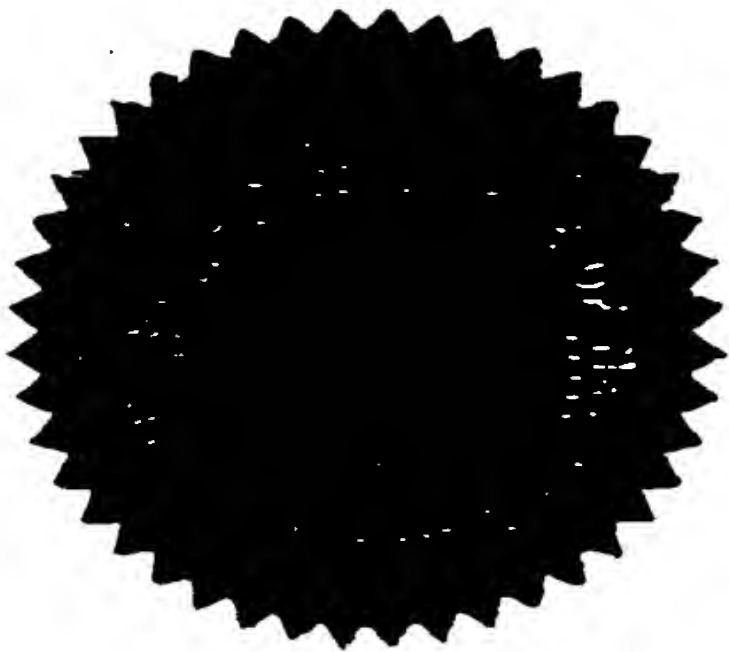

Name: Edward B. Lopez
Title: Group President

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
FILING CERTIFICATION (CERTIFIED COPY)

HOWMEDICA OSTEONICS CORP.

*I, the Treasurer of the State of New Jersey,
do hereby certify, that the above named business
did file and record in this department the below
listed document(s) and that the foregoing is a
true copy of the
Certificate of Merger
Filed in this office
July 1, 2002
as the same is taken from and compared with the
original(s) filed in this office on the date set
forth on each instrument and now remaining on file
and of record in my office.*

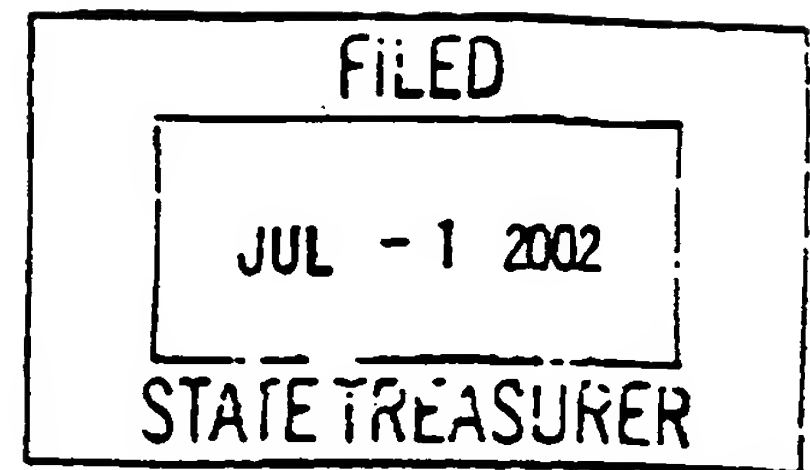
IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
2nd day of July, 2002



A handwritten signature in black ink, appearing to read "John E. McCormac". The signature is fluid and cursive, written in a professional style.

John E McCormac, CPA
State Treasurer

**CERTIFICATE OF MERGER
OF
SURGICAL DYNAMICS INC.
AND
HOWMEDICA OSTEONICS CORP.**



**To the Secretary of State
State of New Jersey**

Pursuant to the provisions of Section 14A:10-5.1 of the New Jersey Business Corporation Act, it is hereby certified that:

- 1. The names of the merging corporations are Howmedica Osteonics Corp., which is a business corporation of the State of New Jersey, and Surgical Dynamics Inc., which is a business corporation of the State of Delaware and a wholly owned subsidiary of Howmedica Osteonics Corp.**
- 2. Howmedica Osteonics Corp. will continue its existence as the surviving corporation pursuant to the provisions of the New Jersey Business Corporation Act.**
- 3. Annexed hereto and made a part hereof is the Agreement and Plan of Merger for merging Surgical Dynamics Inc. with and into its parent corporation, Howmedica Osteonics Corp., as approved by unanimous written consent of the directors of Howmedica Osteonics Corp. dated July 1, 2002.**
- 4. The number of outstanding shares of Surgical Dynamics Inc. is 10, all of which are of one class and are owned by Howmedica Osteonics Corp.**
- 5. The applicable provisions of the General Corporation Law of the State of Delaware, the jurisdiction under which Surgical Dynamics Inc. was organized, with respect to**

the merger herein provided for will, upon compliance with filing and recording provisions, have been complied with.

Executed on July 1, 2002.

HOWMEDICA OSTEONICS CORP.

By: Edward B. Lipes
Edward B. Lipes, Group President